

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 728094

**FILED**  
**Mar 02, 2004**  
**Secretary of State****Entity Name:** DISABLED AMERICAN VETERANS, DEPARTMENT OF FLORIDA, INCORPORATED**Current Principal Place of Business:**17601 VETERANS WAY  
P.O.BOX 999  
MICANOPY, FL 326670999**New Principal Place of Business:****Current Mailing Address:**17601 VETERANS WAY  
P.O.BOX 999  
MICANOPY, FL 326670999**New Mailing Address:****FEI Number:** 59-0915376**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**LINDEN, ALBERT H., JR  
17601 VETERANS WAY  
MICANOPY, FL 32667 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** STD ( ) Delete  
**Name:** LINDEN, ALBERT H., J. R.  
**Address:** 2341 NW 35TH TERR  
**City-St-Zip:** GAINESVILLE, FL**Title:** DP ( ) Delete  
**Name:** SORRENTINO, ALBERT  
**Address:** 1054 BACON CIRCLE  
**City-St-Zip:** PALM BAY, FL 32905**Title:** DV ( ) Delete  
**Name:** BARNSHAW, ED  
**Address:** 808 53RD AVE E  
**City-St-Zip:** BRADENTON, FL 34203**Title:** DV ( ) Delete  
**Name:** SULLIVAN, ROGER  
**Address:** 918 CHULA STREET  
**City-St-Zip:** LADY LAKE, FL 32159**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** DP (X) Change ( ) Addition  
**Name:** SULLIVAN, ROGER  
**Address:** 918 CHULA STREET  
**City-St-Zip:** LADY LAKE, FL 32159**Title:** DV (X) Change ( ) Addition  
**Name:** ROYER, SILVA  
**Address:** 1234 MISSOURI AVE, APT 313  
**City-St-Zip:** CLEARWATER, FL 33756**Title:** DV (X) Change ( ) Addition  
**Name:** STONE, DAVID  
**Address:** 3658 MARY LANE  
**City-St-Zip:** SARASOTA, FL 34238**Title:** DV ( ) Change (X) Addition  
**Name:** HAYNES, JOHN  
**Address:** 1575 SYKES CREEK DR  
**City-St-Zip:** MERRIT ISLAND, FL 32953

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERT H. LINDEN JR.

STD

03/02/2004

Electronic Signature of Signing Officer or Director

Date